

BEST AVAILABLE COPY

<h1 style="margin: 0;">CLAIMS ONLY</h1>				Application Number <div style="font-size: 1.5em; font-weight: bold; text-align: center;">10699568</div>		Filing Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
				Applicant(s)			
* May be used for additional claims or amendments							
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep							
Total Depend							
Total Claims							

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CLAIMS ONLY							Application Number 10699568		Filing Date			
							Applicant(s)					
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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101							151					
102							152					
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106							156					
107							157					
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143							93					
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146							96					
147							97					
148							98					
149							99					
150							100					
Total Indep							Total Indep	6				
Total Depend							Total Depend	152				
Total Claims							Total Claims	158				